



COMPOSITE HEALTH CARE SYSTEM

“Data Quality Tools You Can Use” (Part 1)

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Womack Army Medical Center, Fort Bragg, NC
14 February 2007



Agenda

- **Part 1 - CHCS**
 - CHCS Data Quality “Check Points”
 - CHCS “Secrets Revealed”
 - CHCS Data Quality “Radar” Screener
- **Part 2 - Ambulatory Data Module (ADM)**
 - Encounter Data “Tune Up”



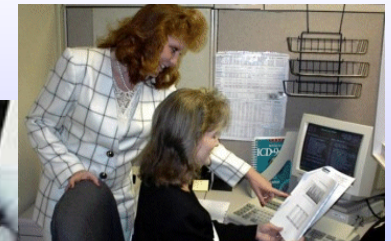
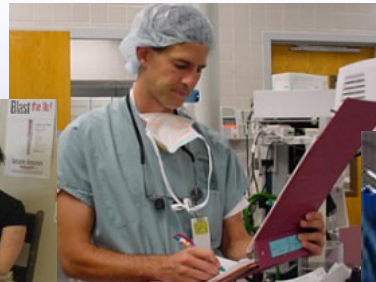
Course Notes:

- **Hyperlinks** can only be accessed from Slideshow Mode
- Imbedded Icons can only be accessed from Normal View
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



Course Objectives

- Understand DQ Building Blocks
- Highlight capabilities that support DQ
- Identify processes and that impact DQ
- Provide DQ Tools You Can Use
- Where to locate



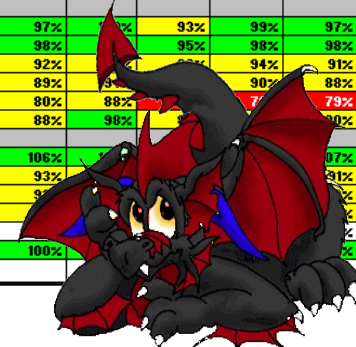


It's Not Easy Being Green!

November 2006 (September (FY2006) Data Sources) DQMC Commander's Sta Summary Sheet

NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter actual rate.
Color Code: Green (95-100), Yellow (80-94), Red (79 and below)

	Percoliant		Percent Compliant					Percent Compliant					Percent Compliant				
	Jun-06	Jun-06	Jul-06	Jul-06	Jul-06	Jul-06	Jul-06	Aug-06	Aug-06	Aug-06	Aug-06	Aug-06	Sep-06	Sep-06	Sep-06	Sep-06	Sep-06
	Navg	Svc Avg	Army	Air Force	Navg	Svc Avg	Army	Air Force	Navg	Svc Avg	Army	Air Force	Navg	Svc Avg	Army	Air Force	Navg
QUESTION KEY:																	
1. Adherence to requirements for <i>daily</i> end-of-day processing procedure by all clinics																	
a. Percentage of clinics in compliance	92%	95%	98%	96%	93%	96%	97%	95%	95%	96%	98%	96%	95%	96%			
b. Percentage of appointments closed	98%	99%	100%	99%	99%	99%	100%	99%	99%	99%	99%	99%	99%	99%			
2. IAW legal and medical coding practices have all the following occurred:																	
a. % of Outpt. Encounters (non-APY) coded within 3 business days of encounter	88%	90%	90%	91%	83%	88%	89%	93%	88%	90%	90%	93%	90%	90%			
b. % of APYs coded within 15 days of encounter	81%	83%	88%	79%	83%	83%	91%	78%	81%	83%	92%	82%	84%	86%			
c. % of Inpt records coded within 30 days after discharge	87%	89%	89%	92%	86%	89%	93%	91%	85%	90%	93%	90%	85%	89%			
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"																	
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated	82%	84%	81%	85%	100%	89%	86%	80%	82%	83%	83%	54%	82%	73%			
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes completed/validated	96%	91%	89%	91%	100%	93%	89%	86%	100%	92%	89%	77%	93%	86%			
c. Were the data load status, outlier/variance, VWR-EAS IV, & Alloc. Tabs in MEWACS reviewed and anomaly explanations given	86%	89%	94%	95%	96%	95%	92%	89%	96%	92%	92%	68%	100%	87%			
4. Compliance with TMA or Service guidance for timely submission of data																	
a. MEPRS/EAS	96%	84%	81%	78%	100%	86%	86%	68%	100%	85%	83%	28%	93%	68%			
b. SIDR/CHCS	100%	94%	89%	89%	100%	93%	78%	89%	100%	89%	100%	78%	100%	93%			
c. VWR/CHCS	96%	98%	100%	99%	100%	92%	99%	100%	97%	100%	100%	100%	100%	100%			
d. SADR/ADM	100%	98%	98%	99%	99%	99%	98%	99%	100%	99%	97%	98%	99%	98%			
5. Outcome of monthly inpatient coding audit																	
a. Inpatient Records (DRG)	91%	93%	98%	92%	96%	95%	99%	88%	96%	94%	98%	87%	86%	90%			
b. IBVA Rounds encounters audited and deemed correct	84%	70%	83%	44%	85%	71%	86%	49%	86%	74%	84%	58%	82%	75%			
6. Outcome of monthly coding audits (# validated/# reviewed)																	
a. % of records available for audit (O.H.or C.O.)	97%	92%	99%	94%	97%	97%	100%	96%	97%	98%	99%	94%	98%	97%			
b. % of E&M codes deemed correct	76%	83%	83%	89%	78%	83%	86%	88%	73%	82%	84%	88%	73%	82%			
c. % of ICD9 codes deemed correct	80%	84%	88%	87%	80%	85%	90%	87%	76%	84%	88%	87%	78%	84%			
d. % of CPT codes deemed correct	82%	88%	94%	92%	79%	88%	93%	93%	79%	88%	92%	91%	76%	86%			
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)	66%	69%	79%	71%	59%	70%	76%	72%	61%	70%	81%	71%	54%	69%			
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance	93%	88%	97%	85%	93%	92%	96%	87%	92%	92%	95%	85%	90%	90%			
7. Outcome of monthly APY coding audits (# validated/# reviewed)																	
a. % of APY records available for audit (O.H.or C.O.)	100%	95%	99%	91%	99%	96%	100%	92%	99%	97%	99%	93%	99%	97%			
b. % of E&M codes deemed correct (APY)	95%	96%	100%	94%	95%	96%	100%	95%	98%	98%	95%	98%	95%	98%			
c. % of ICD9 codes deemed correct (APY)	85%	88%	94%	84%	88%	89%	95%	87%	95%	92%	94%	94%	91%				
d. % of CPT codes deemed correct (APY)	84%	87%	92%	82%	85%	86%	93%	85%	88%	89%	90%	90%	88%				
e. % of completed & current DD Form 2569s maintained in the APY record (Non-AD)	77%	74%	89%	62%	77%	76%	88%	76%	76%	80%	88%	79%	79%				
f. % of completed & current DD Form 2569s in medical records verified to be correct in Patient Insurance	87%	81%	99%	69%	87%	85%	99%	71%	93%	88%	98%	90%	90%				
8. Comparison of reported workload data																	
a. # SADR/# VWR visits	102%	103%	102%	107%	102%	104%	105%	107%	105%	106%	106%	107%	107%				
b. # SIDR/# VWR dispositions	100%	91%	86%	87%	99%	91%	99%	87%	94%	93%	94%	93%	91%				
c. # EAS/# VWR visits	100%	90%	83%	91%	100%	91%	86%	92%	100%	99%	99%	99%	99%				
d. # EAS/# VWR dispositions	99%	85%	83%	68%	98%	83%	94%	74%	100%	99%	99%	99%	99%				
e. # IBVA SADR encounters (A***)/ # SUM VWR bed days (Total Bed days + Dispositions)	85%	69%	60%	59%	88%	69%	95%	67%	81%								
f. % of completed & current DD Form 2569s maintained in the APY record (Non-AD)	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
9. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.																	





“One Team”!



**Special Thanks to the WAMC “One Team” where
DQ is Everybody’s Business**



It Takes a Team!

- Workload and Coding Compliance Review/Audit
- ADM/AHLTA/CCE Interface Error Management and Data Validation
- Data Needed for the DQMC Review
- Training, User Feedback and Staff Assistance

Select PAD System Menu Option: SPOOLER Menu

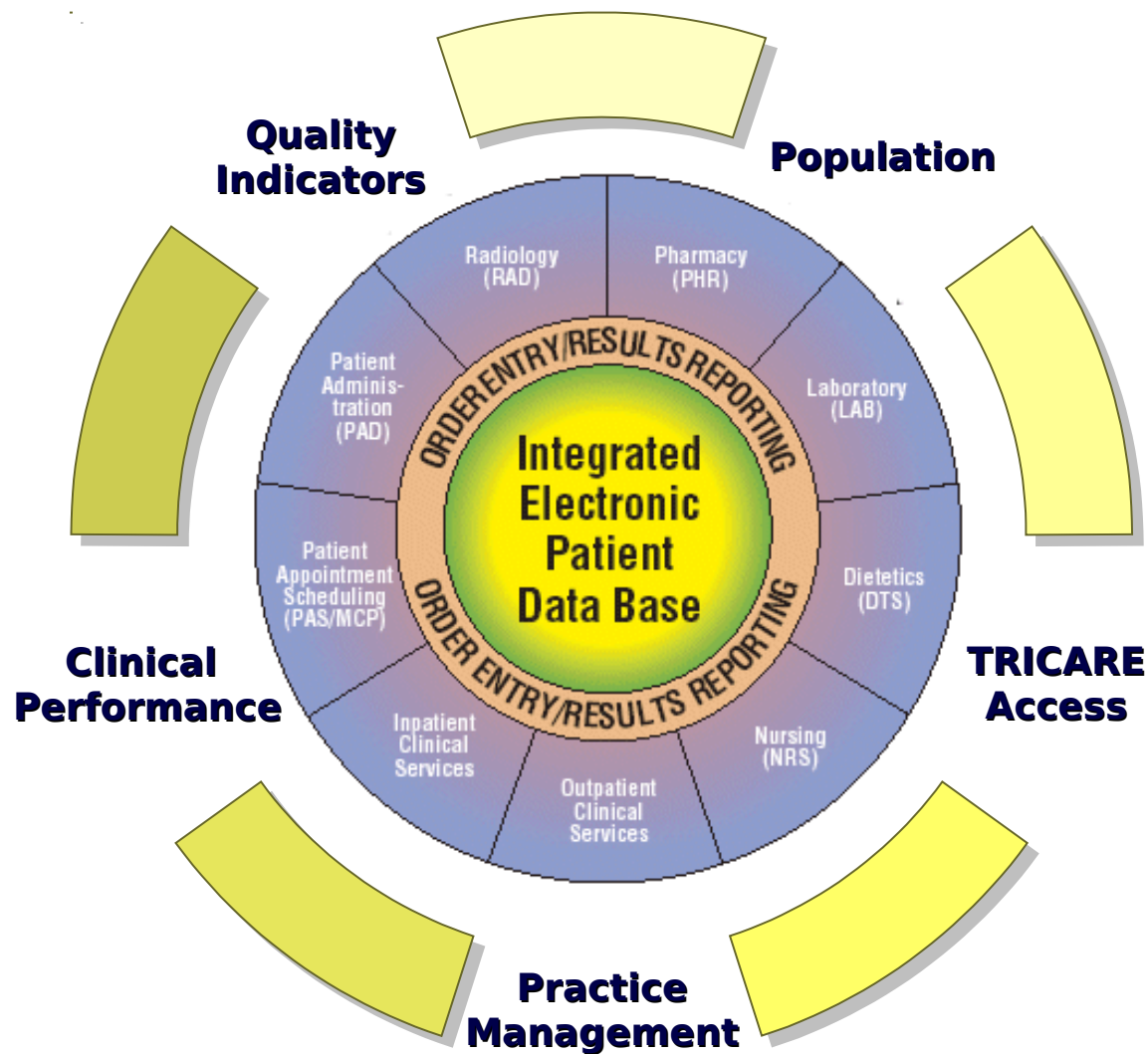
DSR Delete Spooled Report
->> PSR Print Spooled Report

Select Spooler Menu Option: ??

ADM Compliance Report FY06-5 Feb 07	05 Feb 2007@1900	ALSTON, BEVERLY L
ADM Compliance Report FY07-5 Feb 07	05 Feb 2007@1930	ALSTON, BEVERLY L
ADM Compliance Report Jan-Sep02-5 Feb	07 05 Feb 2007@1700	ALSTON, BEVERLY L
Open ADM Encounters FY06-1 Feb 07	01 Feb 2007@1700	ALSTON, BEVERLY L
Open ADM Encounters FY07-1 Feb 07	01 Feb 2007@1730	ALSTON, BEVERLY L
btst 1 feb	02 Feb 2007@0604	BUTTS, ANN S
btst 31 jan	01 Feb 2007@080711	BUTTS, ANN S
lag 1 WWR	05 Feb 2007@170122	GUIN, LAURIE A
lag 5 WWR	05 Feb 2007@1702	GUIN, LAURIE A
lag detail jan07	05 Feb 2007@160001	GUIN, LAURIE A
lag jan MSR	05 Feb 2007@1600	GUIN, LAURIE A
lag jan meprs rep	05 Feb 2007@160001	GUIN, LAURIE A
lag wam	05 Feb 2007@162731	GUIN, LAURIE A
s adm 30jan1	30 Jan 2007@054146	SCHLOEGL, ROBERT L
s adm 31jan1	31 Jan 2007@052423	SCHLOEGL, ROBERT L
s adm 5feb1	05 Feb 2007@050615	SCHLOEGL, ROBERT L
s adm_1feb1	06 Feb 2007@060641	SCHLOEGL, ROBERT L
tt Monthly Stat - 1 Feb 07	02 Feb 2007@101933	THOMAS, TERRI
tt Monthly Stat 31 Jan EOD	01 Feb 2007@102710	THOMAS, TERRI
tt SIDR 320	02 Feb 2007@091249	THOMAS, TERRI



Data Capabilities





Since 1992...

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
 - “One of the world’s first and largest hospital integrated enterprise Clinical Provider Order Entry (CPOE) systems in the world”¹
 - 100+ CHCS Platforms world-wide supporting over 500 MTFs
- **Interfaces with more than 40 Clinical & Administrative systems:**
 - AHLTA - Electronic Medical Record
 - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
 - Resources - Expense Assignment System IV (EAS IV)
 - Billing - Third Party Outpatient Collections System (TPOCS)
 - Pharmacy - Pharmacy Data Transaction System (PDTs)
- **Standard tables for data consistency:**
 - ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
 - CPT/HCPCS (Outpatient Procedures and Services)
 - HIPAA Provider Taxonomy
 - NATO STANAG (2050), Federal and DoD standard tables
 - Site defined tables for MTF operations





In 2004...

- **Captured important patient information for 9 million beneficiaries***
- **Documented over 50 million outpatient appointments***
- **Performed 70 million prescription transactions yearly***
- **Interfaced with the Pharmacy Data Transaction System (PDTs) that has prevented over 99,000 potentially life-threatening drug interactions***
- **Capabilities further enhanced with AHLTA to provide documentation of medical care***



VT 400 Terminal Emulation



ELIGIBILITY
&
ENROLLMENT

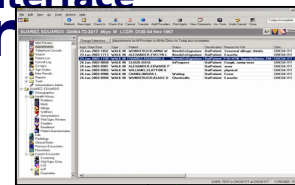
MR. BILLABLE C/CLINICAL	MR. Patient Encounter	201008-04-1010	AGE: 37y
Appt Date/Time: 09 Mar 2002/0800	Type: APV	Status: MRSA-38	
Clinical: GEN MED, APV 04	APV: 04	MRSA: 04	
Referring: Scheduling		MRSA Related: Yes	
Ref: Provider: C/CLINICAL, MRSA 04	Ref: Yes	Ref: MRSA: 04	
2nd Ref: Provider #1: C/CLINICAL, MRSA 04	Ref: No	Ref: MRSA: 04	
2nd Ref: Provider #2: C/CLINICAL, MRSA 04	Ref: No	Ref: MRSA: 04	
Ref: MRSA: 04		Ref: MRSA: 04	
Chief Complaint: MRSA			
ICD-9	On Description	Priority	
825.1	CHRONIC INJ OF FACE AND SCALP	2	
825.29	WET TO WOUND/SCALP	2	
825.3	FALL ON/IN STAIR/STEP, ECLIN	5	
CPT	On Description	On Lvl	Mod
93.10	CHRONIC INJ OF FACE AND SCALP	123	1
93.11	CHRONIC INJ OF FACE AND SCALP	123	1
93.12	CHRONIC INJ OF FACE AND SCALP	123	1
93.13	CHRONIC INJ OF FACE AND SCALP	123	1
93.14	CHRONIC INJ OF FACE AND SCALP	123	1
93.15	CHRONIC INJ OF FACE AND SCALP	123	1
93.16	CHRONIC INJ OF FACE AND SCALP	123	1



Application Architecture



Graphic User Interface



Data Mart

CDM

CDR

CLINICAL DATA
REPOSITORY

CHCS Host Patient

Standard Files and Tables (DMIS, ICD-9, CPT/HCPCS, DRG, HIPAA Taxonomy, National Drug

Site Defined Files and Tables (Hospital Locations, Providers, Users, Formulary,

Application Business Rules

Inpatient Admissions and
Dispositions (PAD)

Outpatient Appointment Scheduling
Managed Care Program (PAS/MCP)

Ambulatory Data
Module (ADM)

Clinical Order Entry and Results Reporting

Laboratory
(LAB)

Radiology
(RAD)

Pharmacy
(PHR)

Consults

Nursing
Orders

Medical Services
Accounting (MSA)

Workload
Assignment Module
(WAM)

CHCS Generic Interface Specification (GIS) for (HL7) and Electronic Transfer Utility (ETU)

LAB INSTRUMENTS
CO-PATH
LAB-INTEROP
DBSS
HIV

DIN-PACS
VOICE RAD

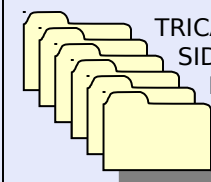
PDTS
ATC
BAKER CELL
PYXIS
VOICE REFILL

HL7, M/OBJECTS, OR CUSTOM INTERFACES

AHLTA
ICDB
EI/DS
DoD/VA SHARE
CIS/ESSENTRIS
AUDIO CARE

TRANSPORTABLE CPR
TRAC2ES
CAC (Patient Look-Up)
NMIS
CODING EDITOR (CCE)

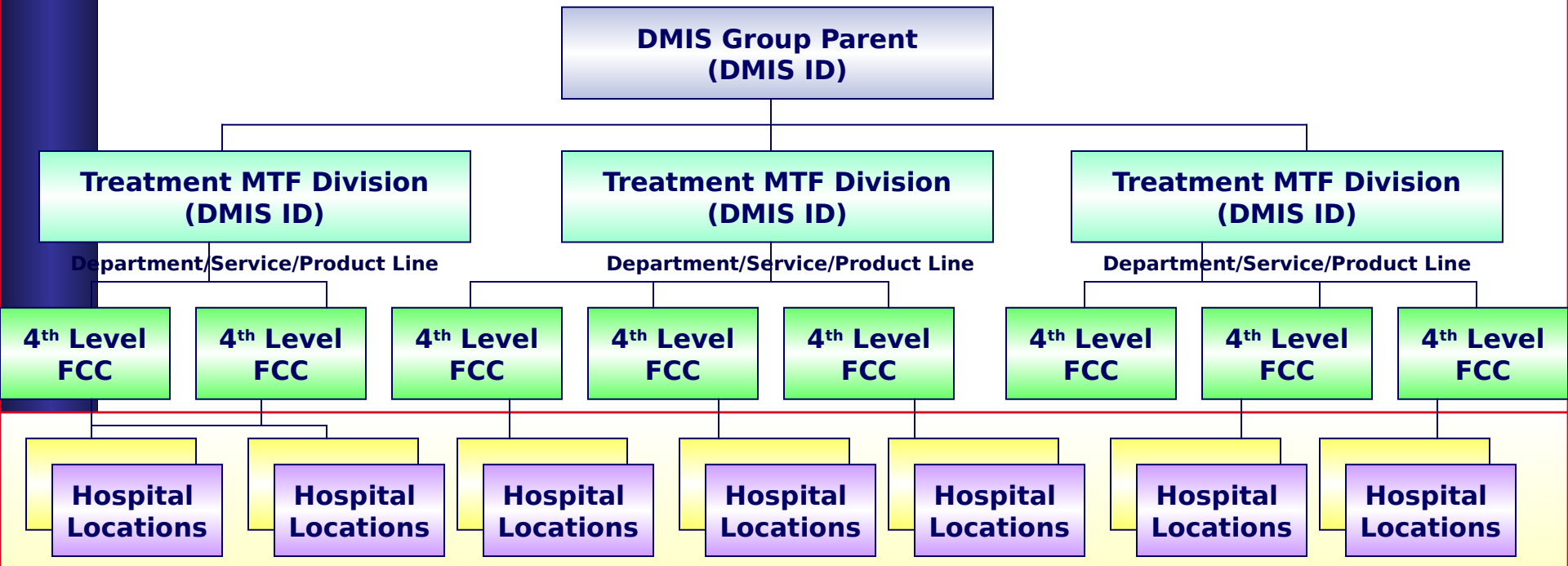
FTP DATA TRANSFERS



TRICARE OPS CTR
SIDR/SADR
EAS EXTRACT
WWR
MEPRS-EAS
TICS



DQ Building Blocks



- **Workload is captured and reported by:**
 - Group Parent Defense Medical Information System (DMIS ID)
 - Treatment MTF DMIS ID
 - 4th Level MEPRS Code also known as Functional Cost Code (FCC)
 - Department/Service and Hospital Location (Available only at the Local Level)
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
 - Managed Care (Primary Care Manager) Teams
 - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



Hospital Location

- Used by AHLTA to map Assigned Clinic Locations to display Appointments and process T-CONS
- Multiple Hospital Locations may be linked to the same 4th level FCC

GRP	MTF	FCC	CHCS DEPT/SERVICE/LINE	CLINIC LOCATION NAME	WKLD TYPE	FCC DESCRIPTION
0089	0089	BGAA	FAMILY MEDICINE SERVICES	FAMILY PRACTICE T-CON	NON-COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM SPORTS MEDICINE	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM DUTY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM HONOR	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM INTEGRITY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM RESPECT	COUNT	WAMC FAMILY MEDICINE
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-BLUE TEAM	COUNT	JOEL HEALTH CLINIC
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-RED TEAM	COUNT	JOEL HEALTH CLINIC
008	728					



Hospital Location

CHCS Menu Path

DAA Data Administration Menu
CFT Common Files and Tables Management Menu
CFM Common Files and Tables Maintenance Menu
->> HOS Hospital Location File Enter/Edit

HOSPITAL LOCATION: DQ FAMILY PRACTICE

DOD HOSP LOCATION EDIT

NAME: DQ FAMILY PRACTICE
ABBREV: DQFP
DESCRIPTION: DQ FAMILY PRACTICE
LOCATION TYPE: CLINIC
SERVICE: FAMILY PRACTICE
DIVISION: DIV A - TRAINING HOSPITAL
FACILITY: WALTER REED AMC WASHINGTON DC
MEPRS CODE: BGAI/0037
COST POOL CODE:

PROMPT FOR REQUESTING SERVICE: YES
ENROLLEE LOCKOUT: YES
TYPE OF CARE: BOTH SPECIALTY AND PRIMARY

Select CLINIC SPECIALTY:
FAMILY PRACTICE/PRIMARY CARE

Select DUPLICATE CHECKING ORDER TYPE:

INACTIVE FLAG:

Sets relationship
between Hospital
Location, FCC and MTF
DMIS ID



Clinic & Provider Profiles

- **Identifies Providers that can have Clinic Schedules**
- **Establishes Workload Type for the Clinic:**
 - Count
 - Non-Count
- **Non-Count Locations cannot have Count Visits:**
 - Immunization Clinic
 - Nurse T-CON Clinic
- **Establishes Appointment Types for the Clinic:**
 - Count (ACUT/ACUT\$, WELL/WELL\$, ROUT/ROUT\$, T-CON*, etc.)
 - Non-Count (RN T-CON Clinic Location)
- **AHLTA supports the Workload Type set by CHCS:**
 - Appointment Type
 - Clinic Profile (^CPRO)
 - Provider Profile (^PPRO - Set RN T-CONS to Non-Count - For ALL Clinic Locations where the RN is Profiled)



RN T-CON Review

WOMACK ARMY MEDICAL CENTER

08 Jan 2007@0853

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MONTHLY STATISTICAL REPORT by GROUP

From: Dec 2006

To: Dec 2006

Division: WOMACK AMC FT BRAGG NC

Department: FAMILY PRACTICE DEPT

Appt Type	MEPRS/DMIS Code	COUNT WORKLOAD			NON-COUNT WORKLOAD		
		# In	# Out	Total	# In	# Out	Total

WFM-TEAM INTEGRITY (continued)

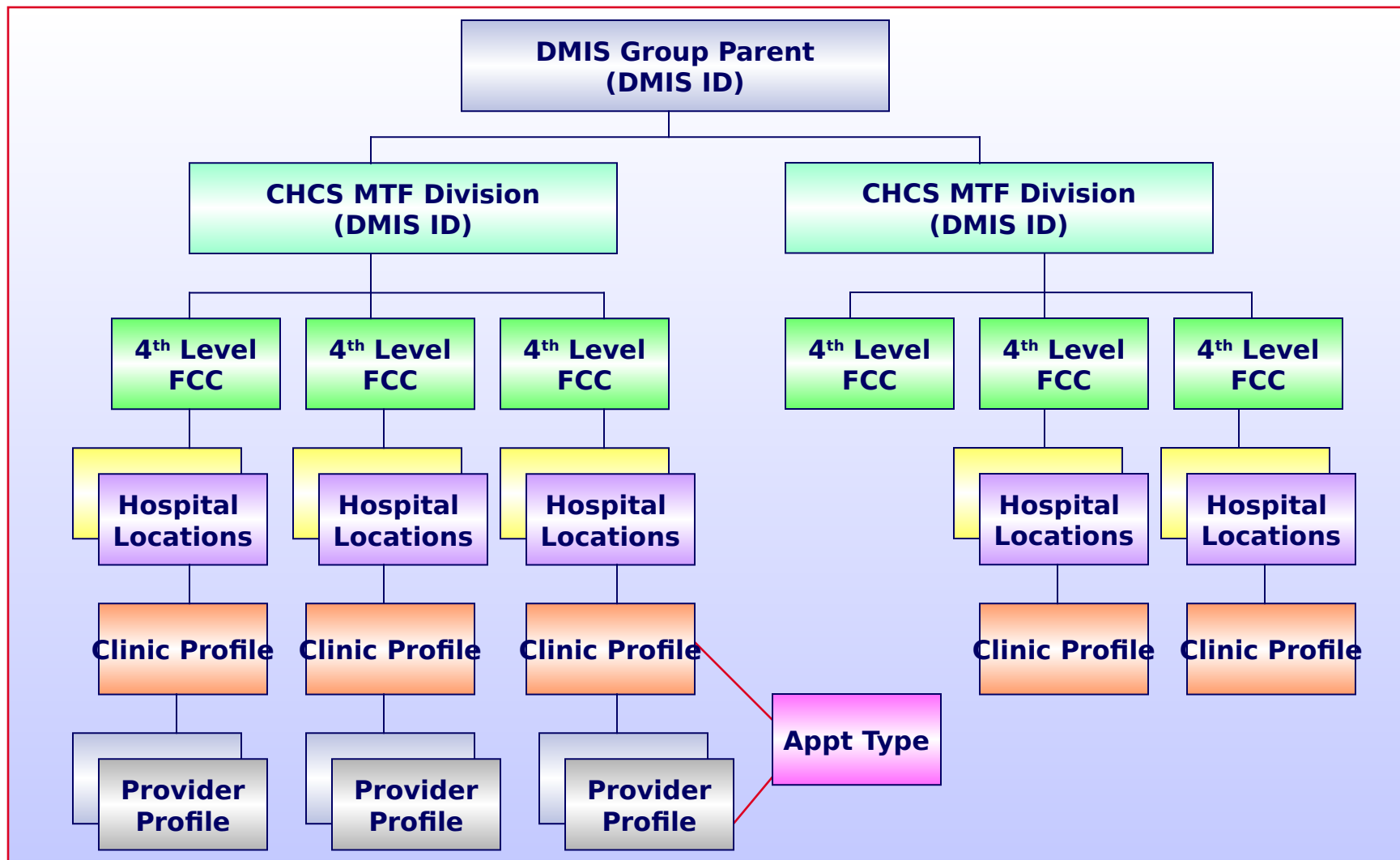
Provider: DA***,M***** S
T-CON* BGAA/0089

0	1	1	0	0	0
---	---	---	---	---	---

- Use the CHCS Monthly Statistical Report to Identify RN T-CONS as Count Workload
- Use CHCS PAS ^PPRO Menu Option to find the Clinic Location where the RN T-CON resulted in a Count Visit
- Link to PPRO.wmv



Linking It All Together





Provider File

■ Key Elements:

- **Provider ID (Short Name) -> Used in SADR, TAT & M2**
- **Provider Class->Provider Signature Class**
 - Establishes Provider Privileges for Ancillary Order Entry
 - AHLTA uses the Signature Class = NURSE to support RN T-CONS
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
- **Default Ancillary Order Requesting Location**
- **Associated Clinic Locations**
- **Active AHLTA Account (Yes/No)**



Provider Medical Specialty/HIPAA Taxonomy

- View Informational “**Provider Specialty Utility**”



See Notes View for Provider File Business Rules



Provider File Elements

CHCS Menu Path

DAA Data Administration Menu
CFT Common Files and Tables Management Menu
CFM Common Files and Tables Maintenance Menu
-> PRO Provider File Enter/Edit

PROVIDER: QUIRT,RICHARD

Name: QUIRT,RICHARD
Provider Flag: PROVIDER
Provider ID: QURITR
Provider Class: PHYSICIAN
SSN: 123-45-9999

Select PROVIDER SPECIALTY:

FAMILY PRACTICE PHYSICIAN (001)

FAMILY PRACTICE/PRIMARY CARE (923)

Primary Provider Taxonomy: 207Q00000X

CMAC Provider Class: 01 - MEDICAL DOCTOR/DOCTOR OSTEOPATHY

Select PROVIDER TAXONOMY:

207Q00000X

Location: DQ FAMILY PRACTICE

HCP SIDR-ID: 001289

Branch of Service: MARINE CORPS

Rank: CAPTAIN

Active CHCS II Account: YES

Select ASSOCIATED CLINIC:

DQ FAMILY PRACTICE

MEDICAL EXAMINATION CLINIC

- **Provider Class determines Ancillary Order Entry**
- **Privileges based on mapping to Signature Class**
- **AHLTA uses the Signature Class = NURSE to support RN T-CONS**

- **All Direct Care Providers MUST have a Direct Care Medical Specialty <=905**
- **FY 07 data requires a valid Medical Specialty to be "credited"**



<=905 and >910 - Explained

CHCS Fileman View: (FM->IFE->PROVIDER)

Below is how CHCS "sees" the Provider Specialty entries and uses them in the SADR. CHCS will populate the SADR with the 1st entered Specialty, rather than the one that represents Direct Care (Specialties <905).

When entering Provider Specialties enter the lower number 1st. (The one <=905). Then the correct Specialty will be in the SADR and sent to M2. Then enter the Specialty >910.

NAME: MORTNNNNN,MNNN E
CLASS: NURSE PRACTITIONER PROVIDER ID: MORTMARE
LOCATION: CLARK TEAM CLINIC ID: CLARK TEAM
DEPARTMENT ID CODE: FAMILY PRACTICE DEPT
PROVIDER SPECIALTY(S): 923
PROVIDER SPECIALTY(S): 604
HIPAA TAXONOMY: 363LP2300X

NAME: PLATNNN,KYNNNN E
LOCATION: OBSTETRICS-WAMC CLINIC ID: OBSTETRICS-WAMC
DEPARTMENT ID CODE: OB/GYN DEPT
PROVIDER SPECIALTY(S): 964
PROVIDER SPECIALTY(S): 927
PROVIDER SPECIALTY(S): 154
HIPAA TAXONOMY: 207V00000X



Provider Specialty Utility

CHCS Menu Path

PAD System Menu (DG USER)

Data Quality Reports Menu (DOD DQ REPORTS MENU)

DQL DQ Hospital Location Report

DQS Pharmacy Site DQ Report

~~DQP DQ Provider Default Report~~

->>DQR Re-Order Provider Specialty Utility

Select Data Quality Reports Menu Option:

DQM Re-Order Provider Specialties Utility

This utility will ensure that the first Provider Specialty in the PROVIDER SPECIALTY multiple field is mapped to a taxonomy code. If not, the utility will find the first Provider Specialty entry in the multiple that is mapped to a taxonomy code and switch the two entries. Providers that do not have any specialties that map to a taxonomy code will be placed on the spooled exception report.

DQM Re-Order Provider Specialties Utility History

Spool File Name	User Name	Num Providers Convert	Except
DQM_PROV_SPEC_CONV_RPT 22Jan2005-0343	HOPKINS,LINDA M	714	561
DQM_PROV_SPEC_CONV_RPT 09Feb2005-2111	HOPKINS,LINDA M	5	560

Need more information about a CHCS Report?

Enter **???** (3 Question Marks) to display an explanation of the report.



Provider File “Team”

- **IMD/Data Admin:**
 - Create CHCS User Account
 - Create Provider File Entry
- **Credentials:**
 - Provider Medical Specialty/HIPAA Taxonomy
 - Provider Class/Signature Class
- **Clinical/Operations:**
 - RN & Tech Provider File Updates
- **MCP Network Manager:**
 - Set PCM Flag
 - Manage PCM Capacity
- **Clinic Managers/Appointment Supervisors:**
 - Clinic Profile Entry/Updates (^CPRO)
 - Provider Profile Entry/Updates (^PPRO)
 - Assigned Clinic Locations needed for AHLTA
- **IMD CHCS/AHLTA Account Transfer and Training**



“Secrets Revealed”



and YOU

Data

Teaming up for
Quality





Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
 - **Type OLUM** (from any Menu display in CHCS)
 - **Select IND to access the OLUM Index**
 - **Select CHCS Sub-System (Scroll Down for Data Admin and Ad-Hoc Users Guides)**
 - **Browse or Find topic of interest such as “Monthly” or “Hospital Location”**
- **Link to OLUM.wmv**



Patient Registration

- Establishes required fields to uniquely identify patient in the CHCS database and for use in AHLTA
- Performs checks to help prevent creation of duplicate patients
- Requires the Fileman "&" (Ampersand) key to create new entries - Limit users given this Key
- Performs DEERS query to obtain Enterprise Person ID (EDI-PN), Eligibility Status and "Lock Down" key person identifiers
 - EDI-PN is key to correlating patient data in AHLTA
- Allows Pseudo-SSNs (800-YY-MDDD)
 - Assign responsibility or focus on updating Pseudo SSNs
- Allows users with Full or Mini-Registration Access to update:
 - Address and Contact Information
 - Outpatient Medical Records Location
 - Patient Category - to identify beneficiary relationship to the MHS
 - Station/Unit ID - MTFs can create locality specific Unit ID Table



Tools you can use: (See Patient Registration)

<http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp>





Mini-Registration

Patient: COLON, CHARLENE C Mini Registration
FMP/SSN: 20/ 6105 DOB: 23 PATCAT: N22 Sex: F

Patient: COLON, CHARLENE C DOB: 23
PATCAT: N22 (USN RES INACT DUTY TRG) FMP: 20
Home Phone: 910 W: 910907 SSN: 6105
Patient Addr: WISTERIA LANE UNIT Sex: FEMALE
City: FAYETTEVILLE St/Cntry: NC Zip: 28314

Sponsor: COLON, CHARLENE C Service: NAVY
FMP: 20 Sex: FEMALE Sponsor SSN: 6105
PATCAT: N22 (USN RES INACT DUTY TRG) DOB:
Command Sec: Rank: LIEUTENANT COMMANDER
Local UIC: NO LONGER ELIGIBLE (NOELIG)
Duty Address:
City: St/Cntry: Zip:
Duty Phone: 910 DSN:

O/P Rec Loc:

- Key person identifier elements “synched” with DEERS are “Locked Down”
- MTF Staff responsible for Patient Category updates
- Updates to Demographics and Contact Information must be made in CHCS
- CHCS entered updates will update AHLTA
- Consider using Home Phone as Preferred Method of Contact (such as Cell #s)
- See Notes View for additional details and Business Rules



DEERS Address Updates

- **Do not use % * ~ ? [] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **Rules for CHCS/DEERS Address Updates:**
 - **CHCS requests eligibility data from DEERS, for NEW Registrations.**
 - **Address information obtained from DEERS is downloaded into CHCS.**
 - **A date/time stamp is associated with the address update.**
 - **If the patient is found in DEERS, the DEERS Patient Identifier (EDI-PN) is downloaded to the CHCS patient file.**
 - **When the address is updated on CHCS, a message is generated for the patient and sent to DEERS, ONLY IF there is a Patient Identifier (EDI-PN) in CHCS, without this ID DEERS can't make a match.**
 - **When DEERS receives update message, it compares the address update date/time to whatever date/time is on file in DEERS. If the message from CHCS isn't "fresher" than the data on file, it is dropped.**
 - **After the initial registration, CHCS does not update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.**



CHCS/DEERS Update/Sync

CHCS_CCC - KEA! 420

File Edit View Tools Options Help

DEERS ELIGIBILITY DATA - DEMOGRAPHICS

Name: COLON, CHARLENE C FMP/SSN: 20 / [] 6 []

Patient Category: USN RES INACT DUTY TRG SEX/DOB/AGE: F / [] / [] Y

DEERS	CHCS
Name First: CHARLENE	COLON, CHARLENE C
Middle: C	
Last: COLON	
Cadency:	
SSN: []	[]
DOB: []	[]
Sex: FEMALE	FEMALE
Mailing Address: [] UNIT 101	[] WISTERIA LANE UNIT 101
City: FAYETTEVILLE	FAYETTEVILLE
State/Country: NC	
Zip: 283149212	
Home Phone: []	
Sponsor Rank:	
UIC:	

Updates entered into DEERS On-Line
Internet Site are available for
download into CHCS

Quit Update
Return to DEERS Eligibility Data Main Screen

**CHCS Mini-Reg
Elements**

DG REG SYNC Security Key required to process CHCS/DEERS Updates



Duplicate Patients

- **Some duplicates can not be avoided:**
 - Typographical errors
 - Transcription Errors (Can't read handwritten registration form)
 - Name & Sponsor Changes
 - Pseudo-SSNs (John Doe Registrations)
 - Mail-In Labs (Creates Pseudo Patient Name)
 - Lack of Dual Eligibility Patient Indicator
- **Potential Duplicate Patient Search identifies potential duplicates for DQMC Review List Item C.2.**
- **User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Items a) to d)**
- **Dedicated POC needed to investigate duplicates and perform patient merges on CHCS**
- **Merge processing in CHCS is critical to support AHLTA**



Duplicate Patient Search

ALL POTENTIAL DUPLICATE PATIENTS SEARCH

CHCS MTF

14Feb2005@1015

Matching Criteria Level: STANDARD

Total Number of Patients: 675254

Date/Time	Type	Criteria	Sort	#Found/#Searched	Status
27Jan2005@1454	All	(U) Standard	FMP/SSN	* Updated *	DONE
25Jan2005@1109	All	Standard	FMP/SSN	421/673769	DONE
20Jan2005@1323	All	Standard	FMP/SSN		CANCELLED
03Jan2005@1116	All	Standard	FMP/SSN	43/671425	DONE
29Dec2004@1042	Reg	Standard	FMP/SSN	3622	DONE
30Nov2004@1336	Reg	Standard	FMP/SSN	13	DONE
29Nov2004@0917	Reg	Standard	FMP/SSN		DONE
+ 18Nov2004@1459	All	Standard	FMP/SSN		

[Previous Searches Completed: 32]
All Registration Alpha Updated Help
Search for All potential duplicate patients.

Total Duplicates, includes ALL Duplicates in the CHCS database, Not just those created for the Reporting Month

- CHCS option available to search All Potential Duplicates or for New Registrations for a given date range
- Registration Report includes User Names creating Duplicates
- CHCS duplicates are managed locally
- Merged CHCS patients routinely reported to AHLTA (CHCS Sys Admin)
- AHLTA duplicates require an MHS Trouble Ticket to merge in the CDR



Registering User Report

WOMACK AMC FT BRAGG NC

05 Jan 2006@2025

Page 4

REGISTRATION DATE POTENTIAL DUPLICATE PATIENT LIST TOTALS

Run Time: 05 Jan 2006@1704

Range: 01 Nov 2005 To 30 Nov 2005

Matching Criteria Level: STANDARD

Sort Criteria: FMP/SSN

=====

T O T A L S:

Total Searched	2591
Total Found	16
Total Identified Duplicates	0
Total Excluded	0
Total Merged	0
Total Unresolved	16

**Duplicates Created during the
reporting Month for DQMC
Reporting**

- Report also lists Users creating duplicates
- Coordinate with Users creating duplicates as outlined in the DQMC Review List



Risk and Prevention

■ **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- PDTS may miss critical Drug-Drug checks
- Important clinical history may not visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

■ **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card
- First Initial of Last Name + Last 4 Sponsor SSN -> C1234
- Partial Name -> COLON,C
- Last Name+Last 4 (Excellent for Validating Unit Rosters)
- Full SSN -> 123-44-1234
- Hyphenated Last Names

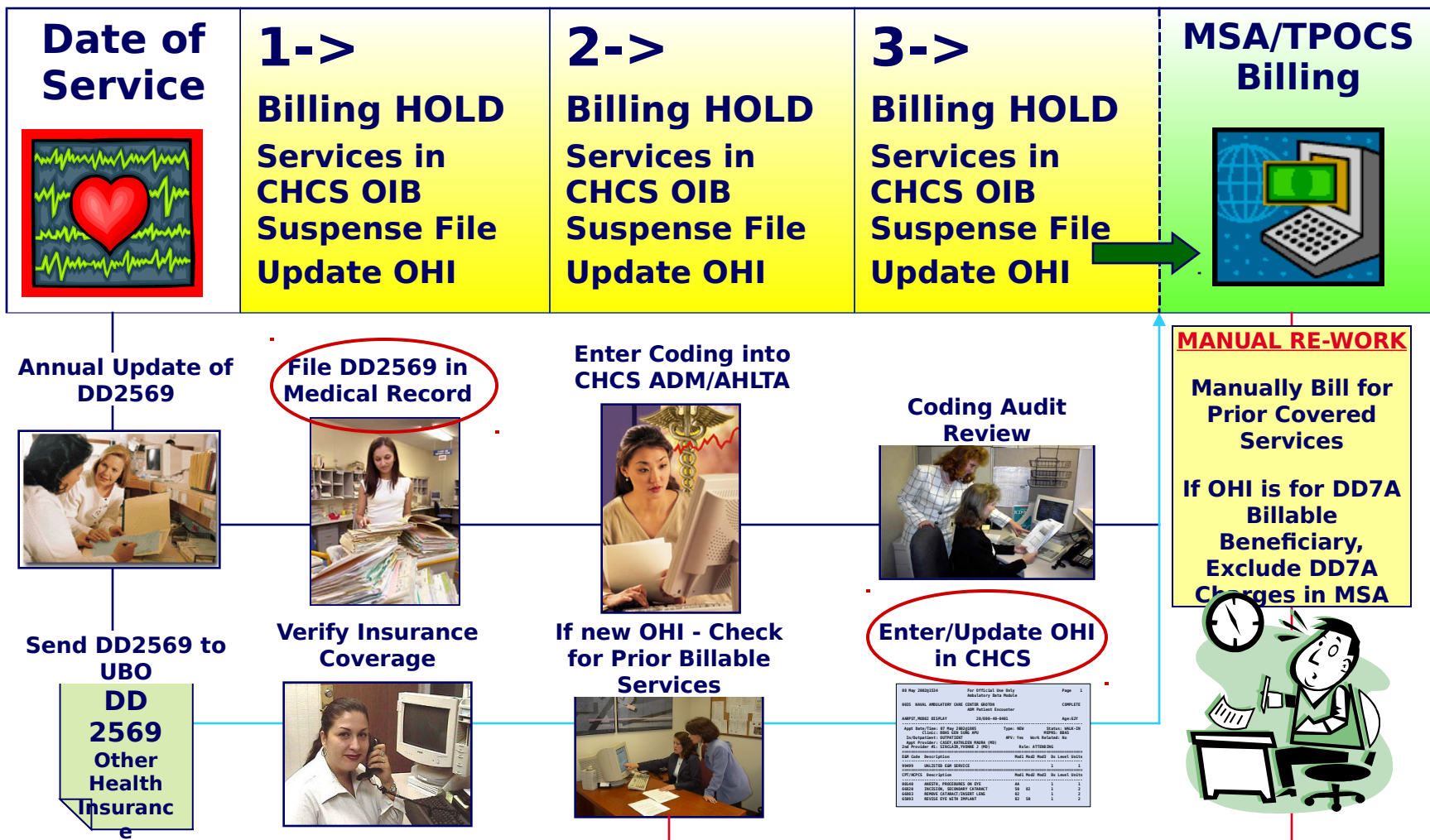


Other Health Insurance

- **DEERS is now the source system for Other Health Insurance (OHI):**
 - Used to bill for both Inpatient and Outpatient services
 - Primary, Secondary and Tertiary benefit coverage
 - New and Updated Demographics and OHI sent to TPOCS daily
 - OHI cannot be entered for Active Duty and Civilian Patient Categories
- **Daily transfer of the DD2569 to the UBO!**
 - Entry/Validation of OHI in CHCS within 3 calendar days required to prevent manual billing in TPOCS
- **With the Summer 2006 transition to DEERS Standard Insurance Table/OHI, BOTH “Yes” and “No” DD2569’s will need to be provided to the UBO - Daily...**



Synchronizing Processes



Encounters Completed AFTER 3 Business Days Will Still Be Automatically Sent to Billing



Time to Break...





Visit Criteria???

- **MEPRS Workload Reporting guidelines establish the definition for:**
 - "Count" Visits
 - "Non-Count" Visits
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
 1. Interaction between patient and healthcare provider
 2. Independent judgment/assessment of patients condition, regardless of Skill Type, to accomplish one or more of the following:
 - Examination
 - Diagnosis
 - Counseling
 - Treatment
 3. Documentation

Focus Shifting from Counting "Visits" to Measuring Work/Services Provided



Workload Assignment

■ Workload Capture Elements:

- **DMIS Group Parent**
- **Treating MTF DMIS ID**
- **4th Level MEPRS Code (FCC)**
 - Inpatient – “A” Level FCCs (Occupied Bed Days only)
 - Outpatient – “B” Level FCCs and FBN* (Dental – “C” Level FCCs)
 - Ancillary – “D” Level FCCs
 - Special Programs – “F” Level FCCs
- **Clinic Type (Count Visits Only)**
- **Patient Category (Rolls up to Beneficiary Category)**
- **Patient Status (Inpatient/Outpatient)**
- **Appt Status (KEPT, S-CALL, WALK-IN or T-CON)**
 - Occ-Svc, Admin, Cancells and No-Shows not reported as Workload
- **Inpatient Occupied Bed Days**
- **Requesting/Performing Location (Ancillary Services)**



Reconciling Clinic Visits

- **End of Day-> “Every Clinic – Every Day”:**
 - Evening Clinics and ER -> Next morning
- **Process Cancells and No-Shows – As they occur:**
 - Cancel by Patient option allows appointment to be re-used
- **Duplicate Same Day/Same Clinic Visits:**
 - Patient seen in AM returns in the PM is a continuation of care
 - Patient seen by Nurse/Tech and the Provider (Same day/Same Clinic is also a continuation of care)
- **CHCS Tools You Can Use:**
 - WWR Audit Report displays potential “Duplicate Visits” within the same 4th Level MEPRS – But not very efficient
 - CHCS PAS End of Day Report

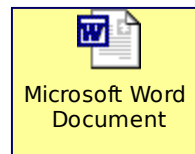


**See Back Up Informational “
Same Day/Same Clinic” Ad Hoc Report**



Same Day/Same Clinic Visits

- **CHCS Ad-Hoc report to identify Same Day/Same Clinic Appointments**
- **Generates an ASCII File for import into EXCEL**
- **See your CHCS Administrator, to import the Ad-Hoc query and create CHCS Menu Option**
- **CHCS System Administrator Instructions:**
 - Convert to Text File before Import
 - Set any CHCS Internal Entry Numbers (IENs) for Hospital Locations to be excluded



Thank you to our WAMC DBA John Rehder for his DQ support 39



Days of Week:

Are you from the attending service? No//

- **Both CHCS and AHLTA will prompt:**
 - (CHCS) Are you from the attending service? No//
 - (AHLTA) Related to Inpatient Stay?:
- **Allied Health Providers-> Accept CHCS default of “NO”**
- **Consulting Providers-> Accept CHCS default of “NO”**
- **Only the Attending Clinical Staff of the Same Clinical Service should answer “YES”:**
 - Then the Visit will be a Non-Count and assigned an “A” Level MEPRS code associated with the current inpatient Clinical Service



AHLTA Inpatient Visits

New Unscheduled Appointment/Telcon Visit

SUGARMAN, REGINOLD T 20/575-34-2160 10 Oct 1925 Change Patient ...

Home Phone: (123)6544444 Work Phone:
Patient found as InPatient(MEPRS Code:AAAA)

Date & Time Assigned Clinic Provider
06 Feb 2006 1523 CHCSII Test Clinic(HC2T) USER, TEST

Appointment Type
ACUTE APPT (ACUT) 30
ESTABLISHED/FOLLOW UP APPT (EST) 60
PROCEDURE APPT (PROC) 60
ROUTINE (ROUT) 15
TELEPHONE CONSULTS (TCON) 10
WELLNESS/HEALTH PROMOTION APPT (WELL) 30

Appointment Classification
☐ Outpatient
☒ Inpatient

Observation
☐ Observation

Meets Outpt Visit Criteria (Workload)?
☒ Yes
☐ No ?

USV Type
☒ Walk-In ☐ Sick Call

Related to Inpatient Stay?
☐ Related to Inpatient Stay?
☐ Related to Injury/Accident? ...

Call Back Reason Reason for Appointment Urgency

**Leave
Blank**

- AHLTA entered Walk-Ins for a Consulting Provider
- AHLTA will sometimes indicate the patient is an inpatient, even though the patient is not currently admitted, if AHLTA is not notified of the Patient Status Change
- MHS Trouble Ticket recommended

Related to Inpatient Stay?

Comments Is the care for this visit being delivered under the same clinical specialty to which the patient was admitted (i.e. is the outpatient visit associated with the inpatient stay)?

☐ Yes ☒ No

OK Cancel

Click NO



Monthly Clinic Statistics

- **CHCS Monthly Clinic Statistical Report provides Both Appointment and Visit Accountability:**
 - Hospital Location
 - 4th Level FCC
 - Provider
 - Patient Category
 - Inpatient/Outpatient Visits
 - Count/Non-Count Visits
 - Appointment Type
 - Division Summary
- **Excellent tool for Visit Workload and Provider FTE Reporting Reconciliation:**
 - Includes ALL Outpatient Visits (Both Count & Non-Count by Clinic Location, FCC, Provider and Appointment Type)





Worldwide Workload

WOMACK AMC FT BRAGG NC
DMIS ID: 0089 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2

04 Jan 2006 1158

Page 7

Reporting Period: Dec 2005
Calculated: 04 Jan 2006 1114

TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

TYPE OF REPORT (CHECK BOX): <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Final <input type="checkbox"/> Corrected							Item 00 = Basic Item 01 = Live Birth	
Item	MEPRS/DMIS PATCAT	Clinic Service	Admissions	Bed Days	Sick Days	Inpatient Visits	Outpatient Visits	Ambulatory** Proc Visits
	BAC5/0089	APV CARDIOLOGY	-	-	-		[6]	(6)
	A11	USA ACTIVE DUTY	-	-	-	-	2	(2)
	A31	USA RET LOS	-	-	-	-	1	(1)
	A43	USA FAM MBR RET	-	-	-	-	2	(2)
	F43	USAF FAM MBR RET	-	-	-	-	1	(1)
	BACA/0089	CARDIOLOGY CLINIC				[2]	[385]	-
	A11	USA ACTIVE DUTY	-	-	-	-	108	-
	A12	USA AD RES	-	-	-	-	2	-
	A31	USA RET LOS	-	-	-	2	80	-
	A32	USA RET PDRL	-	-	-	-	1	-
	A41	USA FAM MBR AD	-	-	-	-	60	-
	A43	USA FAM MBR RET	-	-	-	-	67	-
	A45	USA FAM MBR DECEASED AD	-	-	-	-	1	-
	A47	USA FAM MBR DECEASED RETIRED	-	-	-	-	7	-
	A48	USA UNREMARIED FRM SPOUSE	-	-	-	-	3	-
	F11	USAF ACTIVE DUTY	-	-	-	-	6	-
	F31	USAF RET LOS	-	-	-	-	18	-
	F32	USAF RET PDRL	-	-	-	-	1	-
	F41	USAF FAM MBR AD	-	-	-	-	4	-
	F43	USAF FAM MBR RET	-	-	-	-	10	-
	F47	USAF FAM MBR DECEASED RETIRED	-	-	-	-	3	-
	K53	OTHER FED AGENCY/DEPT EMPLOYEE	-	-	-	-	1	-
	M11	USMC ACTIVE DUTY	-	-	-	-	1	-

**Only includes Count
Visits**



Visit Radar Screener





Missing Workload!

WOMACK ARMY MEDICAL CENTER

04 Jan 2006@1004

Page 62

MONTHLY STATISTICAL REPORT by GROUP

From: Dec 2005

To: Dec 2005

Division: WOMACK AMC FT BRAGG NC

Department: MEDICINE DEPT

Appt Type	MEPRS/DMIS Code	COUNT WORKLOAD			NON-COUNT WORKLOAD		
		# In	# Out	Total	# In	# Out	Total
CARDIOLOGY							
ACUT	BACA/0089	0	3	3	0	0	0
EST\$	BACA/0089	0	45	45	0	0	0
PROC\$	AAAA/0089	0	0	0	20	0	20
	ABAA/0089	0	0	0	2	0	2
	ACBA/0089	0	0	0	2	0	2
	ADBA/0089	0	0	0	3	0	3
	AGAA/0089	0	0	0	6	0	6
	BACA/0089	2	279	281	0	3	3
SPEC	AGAA/0089	0	0	0	1	0	1
	BACA/0089	0	20	20	0	5	5
T-CON*	BACA/0089	0	0	16	0	2	2
Clinic Total:		363	365	365	34	10	44

**Why are these Consulting Provider
Visits being reported as Non-
Count?**



Nurse T-CON Visits!

WOMACK ARMY MEDICAL CENTER				04 Jan 2006@1004		Page 287	
MONTHLY STATISTICAL REPORT by GROUP							
From: Dec 2005				To: Dec 2005			
Division: WOMACK AMC FT BRAGG NC				Department: FAMILY PRACTICE DEPT			
=====							
Appt	MEPRS/DMIS	COUNT WORKLOAD			NON-COUNT WORKLOAD		
Type	Code	# In	# Out	Total	# In	# Out	Total
=====							
WFM-TEAM INTEGRITY (continued)							

Provider: ROGNNNNNN,NURSE M							
T-CON* BGAA/0089		0	215	215	0	0	0
Provider: RYCNNNNNN,NURSE B							
T-CON* BGAA/0089		0	1	1	0	0	0
Provider: THOMNNNNN,NURSE L							
WELL\$ BGAA/0089		0	1	1	0	0	0

Why are these RN T-CONS being reported as Count Workload?

- New Staff member NOT aware of the FAMILY PRACTICE T-CON Clinic and initiated all Advice Nurse T-CONS in AHLTA in TEAM INTEGRITY
- RN Profile in CHCS for Appt Type T-CON* in TEAM INTEGRITY was set to COUNT
- **RN T-CONS MUST be set to NON-COUNT in the Clinic Profile for each Assigned Location where the RN can perform T-CONS**



Inpatient Administration

- **CHCS is the source system for Inpatient Admissions, Transfers and Disposition processing:**
 - Assigns OBDs at the Census Hour, to the current Clinical Service
 - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
 - Current Attending Provider and Clinical Service used to create Industry Based Workload Assignment (IBWA) encounters
- **Correction Management allows corrections to:**
 - Clinical Service, OBDs and Disposition Date/Time
 - Patient Category
 - Recalculates OBDs for SIDR, WWR and Inpatient MSA billed charges
- **Inpatient Coding:**
 - ICD-9 Codes for Diagnosis and Procedures
 - NATO STANAG (2050) for Cause of Injury Coding
 - Diagnosis Related Grouping (DRG Encoder/Grouper->Inpatient CCE)



Corrections Management

Patient: HEALTHERPATIENT

VIEW ADT

FMP/SSN: 30/800-26-0103

DOB: 03Jan26

PATCAT: A43

Sex: F

-----								TYPE
DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS		
ADM 14Nov04	0118			AAAA	4SMED		1	Reg# 1273692 (T) ERA
DSP 14Nov04	1500							Disp type: HOME
								Bed days=1
								Sick days=1
ADM 11Feb05	0110			AAAA	4SMED		0	Reg# 1276653 ERA
WRD 11Feb05	1833	AAAA	AAHA	ICU2W			3	Interward transfer

- **Corrections Management only supports Inpatient Admissions:**
 - Patient correctly admitted to AAAA and transferred to the ICU (AAHA)
 - AAAA is the Referring MEPRS (R-MEPRS) for OBDS
 - SIDR and WWR will contain OBDs for "A" Level ICU FCCs, however WAM/EAS will include these OBDs within the R-MEPRS
 - Corrections Management does NOT support correcting Inpatient Ancillary Order Requesting Locations, Ancillary or Ambulatory data
 - Check for Dispositions with an "A" Level ICU FCC and coordinate with PAD for ICU Dispositions



MEPRS Activity Report

WOMACK AMC FT BRAGG NC

04 Jan 2006 1020 Page 2

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * MONTHLY MEPRS ACTIVITY REPORT * * *

From: 01 Dec 2005 To: 31 Dec 2005

CODE/DMIS	MEPRS DESCRIPTION	BED DAY MEPRS	TOTALS RMEPRS	NO. ADM	NO. DISP	NO. LIVEBIRTHS
AAAA/0089	INTERNAL MEDICINE	407	(122)	96	102	0
AABA/0089	CARDIOLOGY	1		1	1	0
ABAA/0089	GENERAL SURGERY	358	(45)	101	103	0
ABFA/0089	ORAL SURGERY	16		11	11	0
ABGA/0089	OTOLARYNGOLOGY	1	(1)	1	1	0
ABKA/0089	UROLOGY	26	(4)	9	10	0
ACAA/0089	GYNECOLOGY	48		25	26	0
ACBA/0089	OBSTETRICS	589	(1)	243	249	0
ADAA/0089	PEDIATRICS	76	(3)	39	40	0
ADBA/0089	NEWBORN NURSERY	633	(220)	226	232	226
AEAA/0089	ORTHOPEDICS	166		46	49	0
AEBA/0089	PODIATRY	35		9	9	0
AFAA/0089	PSYCHIATRY	97		16	18	0
AGAA/0089	FAM MEDICINE	195	(15)	70	72	0
AGCA/0089	FAM MED OBSTETRICS	44		22	21	0
AGDA/0089	FAM MED PEDS	26		17	17	0
AGHA/0089	FAM MED NURSERY	31	(8)	14	14	14
AAJA/0089	NEUROLOGY			0	1	0
SUB TOTAL		2749		946	976	240
XXXX/0089	CARDED FOR RECORD ONL			0	3	0
YYYY/0089	ABSENT SICK			2	2	0
GRAND TOTAL		2749		948	981	240



WAM Inpatient Report

UIC: W2L6AA WOMACK AMC FT BRAGG NC
DMIS ID: 0089

04 Jan 2006 1043

Page: 3

DATA SET WORKLOAD REPORT
Month: Dec Year: 2005

(Last Data Gen 01/04/06@1026)

DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
OBD	OCCUPIED BED DAYS													
		AAAA/0089			45	80	117	152	13	0	407	0.00	0	0.00
		AABA/0089			1	0	0	0	0	0	1	0.00	0	0.00
		ABAA/0089			94	92	66	102	4	0	358	0.00	0	0.00
		ABFA/0089			10	5	1	0	0	0	16	0.00	0	0.00
		ABGA/0089			0	1	0	0	0	0	1	0.00	0	0.00
		ABKA/0089			3	1	22	0	0	0	26	0.00	0	0.00
		ACAA/0089			6	38	0	3	1	0	48	0.00	0	0.00
		ACBA/0089			116	456	0	13	4	0	589	0.00	0	0.00
		ADAA/0089			0	76	0	0	0	0	76	0.00	0	0.00
		ADBA/0089			0	594	0	12	27	0	633	0.00	0	0.00
		AEAA/0089			138	11	9	8	0	0	166	0.00	0	0.00
		AEBA/0089			34	0	1	0	0	0	35	0.00	0	0.00
		AFAA/0089			87	10	0	0	0	0	97	0.00	0	0.00
		AGAA/0089			33	28	55	79	0	0	195	0.00	0	0.00
		AGCA/0089			15	25	0	4	0	0	44	0.00	0	0.00
		AGDA/0089			0	26	0	0	0	0	26	0.00	0	0.00
		AGHA/0089			0	28	0	2	1	0	31	0.00	0	0.00
Totals:					582	1471	271	375	50	0	2749	0.00	0	0.00

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.



WWR ICU Days

WOMACK AMC FT BRAGG NC
DMIS ID: 0089 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2

04 Jan 2006 1158

Page 1

Reporting Period: Dec 2005

Calculated: 04 Jan 2006 1114

TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

Item 00 = Basic

Item 01 = Live Birth

TYPE OF REPORT (CHECK BOX): ☐Initial ☒Monthly ☐Final ☐Corrected

Item	MEPRS/DMIS PATCAT	Clinic Service	Admissions	Bed Days	Sick Days	Inpatient Visits	Outpatient Visits	Ambulatory** Proc Visits
------	----------------------	----------------	------------	-------------	--------------	---------------------	----------------------	-----------------------------

MEDICAL CARE

00	AAAA/0089	INTERNAL MEDICINE	[96]	[285]	[285]	-	-	-
	A11	USA ACTIVE DUTY	11	30	30	-	-	-
	A31	USA RET LOS	25	47				
	A33	USA RET TDR	2	7				
	A41	USA FAM MBR AD	11	60				
	A43	USA FAM MBR RET	22	68				
	A45	USA FAM MBR DECEASED AD	1	3				
	A47	USA FAM MBR DECEASED RETIRED	8	31				
	A48	USA UNREMARIED FRM SPOUSE	2	2				
	F11	USAF ACTIVE DUTY	2	3				
	F31	USAF RET LOS	5	12				
	F41	USAF FAM MBR AD	2	4				
	F43	USAF FAM MBR RET	3	6				
	F48	USAF UNREMARIED FRM SPOUSE	1	2				
	M31	USMC RET LOS	1		10	-	-	-
00	AABA/0089	CARDIOLOGY	[1]	[1]	[1]	-	-	-
	A11	USA ACTIVE DUTY	1	1	1	-	-	-
00	AAHA/0089	MEDICAL ICU (MICU)	-	[191]	[195]	-	-	-
	A11	USA ACTIVE DUTY	-	11	15	-	-	-
	A31	USA RET LOS	-	47	47	-	-	-
	A33	USA RET TDR	-	3	3	-	-	-
	A41	USA FAM MBR AD	-	19	19	-	-	-
	A43	USA FAM MBR RET	-	57	57	-	-	-
	A45	USA FAM MBR DECEASED AD	-	2	2	-	-	-
	A47	USA FAM MBR DECEASED RETIRED	-	2	2	-	-	-
	A48	USA UNREMARIED FRM SPOUSE	-	9	9	-	-	-

- Patients Admitted to a Clinical Service and Referred to the ICU
- MEPRS Reports OBDs as R-MEPRS
- WWR Reports "A" ICU OBDs



SIDR Data

- **The Standard Inpatient Data Record (SIDR) is an ASCII file transmission of patient level Inpatient data, generated monthly by CHCS:**
 - Army MTFs also create in interim monthly SIDR – “D” Records Only
- **Key SIDR data elements include:**
 - Treatment MTF DMIS ID
 - Admission/Disposition Dates
 - Source of Admission/Type of Disposition
 - ICD-9-CM Diagnosis & Procedure Codes
 - Assigned DRG and Weight
 - Patient Demographics (including Patient Category and Enrollment)
 - Age at Admission
 - Occupied Bed Days per Clinical Specialty (4th Level FCC)
 - Intensive Care Unit (ICU) Days
 - MEPRS Code of the Referring Clinical Specialty for ICU Care



See Notes view for SIDR Record Status Flags



Ancillary Orders Review

BTST Order Entry Data Quality Report - 5 Feb 07

The following were entered using BTST (CHCS II Test Code.)

Order #	Type	Provider
070205-04431	RX	BARSTC
070205-09325, 07084, 07049	CON	FRYV
070205-09319	RAD	FRYV
070205-08986	LAB	FRYV
070205-08483, 08492, 08464	RX	FRYV
070205-04098, 03825, 03829, 03833	RX	WIGGSA
070205-07247	RX	KORBYJ
070205-07094, 07096, 06784	LAB	KORBYJ
070205-06528, 06531, 06521, 06524	LAB	KORBYJ
070205-06262, 02790, 02802	CON	KORBYJ
070205-05869, 05844, 05859	RX	KORBYJ
070205-04382	RAD	KORBYJ
070205-03780, 03789, 03791, 03793, 03794	LAB	KORBYJ
070205-03773, 03459, 03417, 03428	RX	KORBYJ
070205-03378, 03380, 03261, 03274	RX	KORBYJ
070205-02385, 02399, 02355, 01389	RX	KORBYJ

Thanks,
Ann, DBO/BSB (MEPRS)
77299

CHCS Menu Path:

Physician Menu (OR-MD-MAIN)

RCR - Review Clinical Results and Orders Menu (OR-REV-CLIN-RESULTS-MD)

RV0 - Review Orders -> Enter MEPRS Code to query CHCS for BFE* and BTST Orders



DQ - Where to Start ??

- 1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:**
 - MedLearn
<https://mhslearn.satx.disa.mil/ilearn/en/learner/jsp/default.htm>
 - NMC Portsmouth for CHCS Nuggets and AHLTA SOPs at
<http://www-nmcp.mar.med.navy.mil/CHCS/index.asp>
 - PASBA Coding VTC (Click on Coding->Coding VTC)
- 2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum**
- 3. Understand your MTF Business Processes:**
 - CHCS/AHLTA Support Team
 - Coding Support Options
 - Business Plan Targets
 - Special Programs - New Initiatives
 - MTF unique systems and ad-hoc reports
 - MTF staff responsible for key DQ processes



DQ - Getting There...

- Use the DQMC Program as a tool to increase awareness, track issues and implement solutions and processes to improve DQ
- Identify MTF Level Stakeholders and “DQ Champions”
- Identify data sources to conduct analysis
- Conduct process assessments to identify problem areas and root causes - try “Trading Spaces”
- Offer Staff Team Assist Visits - Meet New Staff!
- Establish performance metrics and measure the results
- Support behavior changes - Create incentives for Teamwork!!!
- Share successes and accomplishments
- Provide feedback to staff of ALL levels of the organization
- Know where to go for help - Don’t be afraid to ask for help!

See Back-Up Slides for “**Information Sources on the Web**”





Questions??



Information Sources on the Web



Tri-Service Web Sites

WEB SITE	LINK (Verified as of 7 Feb 2007)
CHCS Courses & Downloads New!! <ul style="list-style-type: none"> Sign Up for Notification of Courses! 	https://mhslearn.satx.disa.mil/ilearn/en/learner/jsp/default.htm
CHCS Data Management* <ul style="list-style-type: none"> User Guides, Release Notes Interface Documentation 	http://www.chcs-dm.com/DM4CHCS/default.html
TMA Data Quality Management Control Program Training	http://tricare.osd.mil/ocfo/mcfs/dqmcp/training.cfm
Post Deployment Health Toolbox <ul style="list-style-type: none"> Algorithms & Coding Guides 	http://www.pdhealth.mil/guidelines/toolbox.asp
TRICARE Operations Center <ul style="list-style-type: none"> Access to Care Template Analysis New!! Daily Appts & PCM Reports 	http://www.tricare.osd.mil/tools/
MEPRS Early Warning and Control System (MEWACS) New!!	http://www.tricare.osd.mil/ebc/rm_home/mepers/mewacsxls.cfm (Currently having Tech Difficulties)

* See your CHCS-A Administrator for Access - Password Required



Service Web Sites

WEB SITE	LINK (Verified as of 7 Feb 2007)
Army Knowledge On-Line*: <ul style="list-style-type: none">▪ AHLTA Updates & Template Team▪ Links to AF AHLTA Site	Log On to AKO & Follow Link: https://www.us.army.mil/suite/page/406
OTSG Decision Support*: <ul style="list-style-type: none">▪ Portal to All AMEDD Metrics/Data	https://ke2.army.mil/otsg/main.php?cid=57
Army PASBA: <ul style="list-style-type: none">▪ DQ Metrics & Coding Support▪ Coding VTC Presentations	https://pasba3.amedd.army.mil (AKO login required)
Army MEPRS Program Office: <ul style="list-style-type: none">▪ All things MEPRS and FAQs	http://ampo.amedd.army.mil/
NMC Portsmouth “Nuggets” <ul style="list-style-type: none">▪ CHCS & AHLTA “How To’s” & SOPs▪ Must See!!	http://www-nmcp.mar.med.navy.mil/CHCS/index.asp
Distributed Learning <ul style="list-style-type: none">▪ AHLTA Tutorials * Password Required	http://www.distributivelearning.net/EPSS_01/index.cfm?Location=tutorials/tutorial_detail_listing&TopicParentID=65



Best of the Web

WEB SITE	LINK (Verified as of 7 Feb 2007)
American Medical Association CPT Code Look-Up <ul style="list-style-type: none">▪ Look-Up by Code or Keyword▪ Includes Medicare RVU & Payment▪ Lists CPT Assistant References	https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done
ICD-9 Flash Coder <ul style="list-style-type: none">▪ ICD-9 Code Look-Up▪ Related DRGs▪ Billable Indicator	http://www.icd9coding1.com/flashcode/home.jsp
Medical Group Mgmt Benchmarks <ul style="list-style-type: none">▪ Staffing Models▪ Relative Value Units	http://www.managedcaredigest.com/edigests/mg2000/mg2000c01.html



DQ Process Area Review

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

Clinical (CHCS/ADM & AHLTA)

7. Clinic & Provider Profiles (Specialties & Workload Flag)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

11. Ancillary Order

6 **Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...**

Locations